

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

31512

7791

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY HOSPITAL NO. 1</u>				d. STREET ADDRESS (If rural, give location) <u>23 1525 MENARD ST</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>STELLA</u>		b. (Middle) <u>ANNA</u>		c. (Last) <u>ALLEN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 11-1950</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>1886</u>	
9. AGE (In years last birthday) <u>63</u>		10. MONTHS <u>63</u>		11. BIRTHPLACE (State or foreign country) <u>UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY? <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____					
13a. FATHER'S NAME <u>UNKNOWN LANG.</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN IV</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES ALLEN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>UNKNOWN IV</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Kelly</u>			
				ADDRESS <u>2331 Mullamphy</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast with metastasis Simple Fr of right humerus, humerus, shoulder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>white patient was being lifted into bed at City Hospital #1</u> DUE TO (c) <u>exact date and time unknown</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>House</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>?</u> <u>?</u> <u>?</u> <u>?</u> <u>?</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>170 XF</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1150 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Calvin E. Taylor, M.D.</u>				23b. ADDRESS <u>31300 Clark</u>		23c. DATE SIGNED <u>9/14/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-14-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	
DATE REC'D BY LOCAL REG. SEP 14 1950		REGISTRAR'S SIGNATURE <u>J B Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bullen Kelly 4386 Indell</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Students of College of Mortuary Science Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed _____

James A. Lammers
Licensed Embalmer No. *4142*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.